

Case Number:	CM14-0172354		
Date Assigned:	10/23/2014	Date of Injury:	06/14/2005
Decision Date:	12/12/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/17/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a 55 year old female with date of injury 6/14/2014. Date of the UR decision was 9/18/2014. Report dated 4/16/2014 indicated that the injured worker was experiencing chronic pain, inability to sleep, trouble concentrating. She scored 41 on Beck Depression Inventory indicating severe levels of depression and scored 58 on Beck Anxiety Inventory indicating severe levels of anxiety. Her Insomnia Severity Index score was 24 indicating moderate levels of insomnia. Report dated 4/29/2014 indicated that she had completed an initial trial of 6 sessions of Cognitive Behavior Therapy and 4 sessions of Biofeedback. Report dated 4/21/2014 suggested that she was being prescribed Atenolol, Lyrica, Hydrocodone, Butalbital-Acetaminophen, Bupropion, Zolpidem, Xanax, Alprazolam and Nizatidine. Report dated 9/29/2014 listed diagnosis of Depressive Disorder NOS with anxiety and panic attacks and Psychological factors affecting medical condition.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Alprazolam .5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24; 124.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been Alprazolam on an ongoing basis. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. It was suggested that the UR physician authorized for #55 of Alprazolam for the process of taper. The request for Alprazolam .5mg; unspecified quantity is not medically necessary.